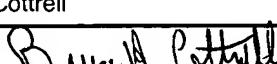


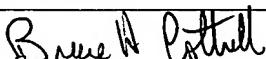
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.: 102,336 First Inventor or Application Identifier: Robert C. Dye Title: MENISCUS MEMBRANES FOR SEPARATION Express Mail Label No.: ER311840083US
APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application PO Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g. PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages: 17] <input checked="" type="checkbox"/> Descriptive title of the Invention <input type="checkbox"/> Cross References to Related Applications <input checked="" type="checkbox"/> Statement Regarding Fed sponsored R&D <input type="checkbox"/> Reference to sequence listing, a table or a computer program listing appendix <input checked="" type="checkbox"/> Background of the Invention <input checked="" type="checkbox"/> Brief Description of the Drawings (if filed) <input checked="" type="checkbox"/> Detailed Description <input checked="" type="checkbox"/> Claim(s) <input checked="" type="checkbox"/> Abstract of the Disclosure		6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
		7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ol style="list-style-type: none"> <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Specification Sequence Listing on: <ol style="list-style-type: none"> <input type="checkbox"/> CD-ROM or CD-R (2 copies): or <input type="checkbox"/> paper <input type="checkbox"/> Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS		
		8. <input type="checkbox"/> Assignment Papers (cover sheet & documentation)
		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
		11. <input checked="" type="checkbox"/> Preliminary Amendment
		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(should be specifically itemized)</i>
		13. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
		14. <input type="checkbox"/> Nonpublication Request and Certification Under 35 U.S.C. 122(b)(2)(b)(i)
		15. <input type="checkbox"/> Other:
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application S.N. 09/826,484.		
Prior application information: Examiner: Thomas Noland Group/Art Unit: 2856		
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
16. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number 35068		OR <input type="checkbox"/> Correspondence Address Below <i>(Insert Customer No. or Attach Bar Code Label here)</i>
Name: Bruce H. Cottrell Address: Los Alamos National Laboratory, LC/IP, MS A187 City: Los Alamos State: New Mexico Zip Code: 87545 Country: United States Telephone: (505) 667-9168 Fax: (505) 665-4424		
Name: Bruce H. Cottrell		Registration No.: 30,620
Signature: 		Date: January 27, 2004

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FEE TRANSMITTAL For FY 2004		Complete if Known																																																																																																																																																																						
<small>Patent fees are subject to annual revision (submit an original and a duplicate for fee processing)</small>		Application Number:																																																																																																																																																																						
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<p>1. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3. 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SUBMITTED BY			Complete (if applicable)	
Printed Name:	Bruce H. Cottrell		Reg. No.	30,620
Signature:			Date: 01/27/04	Telephone: (505)667-9168